



“Pointing you in the right directions”

703-3000



**Program Information (duplicate as necessary) Program #: \_\_\_\_\_**

Use this section of the form to describe one program of the agency. If the description of the agency and program are the same, you can skip this section entirely.

**Program Name:** \_\_\_\_\_  
Please give the official name of the program, as you would want it to appear in a directory.  
Also known as (acronym or short name): \_\_\_\_\_

**Location:** \_\_\_\_\_ **Street:** \_\_\_\_\_  
(Only if different from agency) **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Mailing Address:** (If different) **Street:** \_\_\_\_\_  
**City:** \_\_\_\_\_

**Phone(s):** Only identify if different from agency.  
( ) \_\_\_\_\_ Local (800) \_\_\_\_\_ Toll-free  
( ) \_\_\_\_\_ TTY ( ) \_\_\_\_\_ After Hours  
( ) \_\_\_\_\_ FAX \_\_\_\_\_ at E-Mail Address

**Title of Person in Charge of Program:** \_\_\_\_\_

**Name of Person in Charge of Program:** \_\_\_\_\_

**Title(s) of person(s) to contact about accessing services of program.** If we or another agency refer an individual to this program, whom should we tell them to ask for? (For example, list a title such as, Intake Worker, Program Director, or Counselor.) Also “Does not apply” or “whoever answers the phone” if ok as a response here.  
\_\_\_\_\_  
\_\_\_\_\_

**Days/Hours Program is Open for Business: Circle all days that apply:** If these are the same as the agency hours, please indicate. S  
M T W TH F SA 24 hours/7 days per week  
Hours: \_\_\_\_\_

**Program Description:** Please completely describe as briefly as possible, what this program is about. Program’s purpose, whom it is for, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Eligibility Restrictions/Requirements:** Use this section only if different from the agency. Check all that apply and provide the parameters where required:  
 Gender: Male or Female (circle one or both if apply)  Veteran  
 Parental/Guardian Permission  Military  
 Age: Over: \_\_\_\_\_ Under: \_\_\_\_\_  Marital Status: \_\_\_\_\_  
 Income: \_\_\_\_\_  Other: \_\_\_\_\_  
 Must be resident of: \_\_\_\_\_

**Geographic Service Area** Use only if different from agency geographic service area.  
\_\_\_\_\_

**Intake Procedure:** Use this section only if different from the agency. Check all that apply.  
 Unrestricted  Appointment Required  Telephone Referral Accepted  
 Written Application Required  Walk-ins Accepted  Professional Referral Required  
 Specific Documents Required: (Birth certificate, Medical records, Proof of income) \_\_\_\_\_

**Fees:** Use this section only if different from the agency. Check all that apply.

- No charge                       Charges vary with income                       Charges reduced, waived for indigents  
 Charges for certain services: (Specify) \_\_\_\_\_  
 Discounts for certain clients. (Specify) \_\_\_\_\_

**Accepted methods of payment:** Use this section only if different from the agency. Check all that apply.

- Cash                       Check                       Credit Card                       CHAMPUS                       Medicaid                       Medicare                       Private  
Insurance  
 Terms available                       Vendor payments: (Specify) \_\_\_\_\_

**Program Location is Accessible to the Handicapped**     Yes                       No

**If the program has a waiting list, what is the average waiting period?** \_\_\_\_\_

**Please use the remainder of this page for any special instructions which should be given to a client when referring to this program.**

For example, "Written parental permission required" or "Client must have picture ID (last paycheck stub; Social Security card; etc.)  
When applying for service." You may also use this space to tell us about anything else important about the program which we didn't  
ask.

**Volunteer Opportunities:**

\_\_\_\_\_

\_\_\_\_\_

**Donations Needed:**

\_\_\_\_\_

\_\_\_\_\_